

## **EMERGENCY INFORMATION** (NAEYC 5.A.01, 10.D.05)

Date: \_\_\_\_\_ (will remain valid until parent makes changes)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Daytime Number : \_\_\_\_\_

Parent Name: \_\_\_\_\_ Daytime Number : \_\_\_\_\_

Preferred E-Mail address: \_\_\_\_\_

**Emergency Phone:** In the event that parents can't be reached, then please list (name, phone #, and relationship to the child) people we should try calling 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup>

(Call 1<sup>st</sup>) \_\_\_\_\_

(Call 2<sup>nd</sup>) \_\_\_\_\_

(Call 3<sup>rd</sup>) \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Doctor Name & Phone \_\_\_\_\_

Insurance Company Name & Phone \_\_\_\_\_

Name of Person who is authorized to make healthcare decisions in absence of parent or guardian

\_\_\_\_\_

When not in class, where can you be reached? \_\_\_\_\_

**ICC Faculty and Students Please Attach a Copy of Your Class Schedule**

## **TREATMENT RELEASE** Please initial each line if you agree

\_\_\_\_\_ I give the ICC Child Care Center Staff permission to apply an Anti-biotic ointment in the event of a minor cut, scrape or other wounds. (ex. Neosporin)

\_\_\_\_\_ I give the ICC Child Care Center Staff permission to apply a latex bandage in the event of minor injury. If my child is allergic to latex, I will provide non-latex bandages for him/her.

\_\_\_\_\_ I give the ICC Child Care Center Staff permission to apply sunscreen or lotion that I provide.

\_\_\_\_\_ In the event of an emergency, illness, or accident involving my child, I give my consent to ICC Child Care Center to secure emergency care for my child through an emergency medical technician, clinic, hospital, private physician, or dentist.

\_\_\_\_\_ In the event of an emergency requiring transportation to a medical facility, I give my permission for ICC Child Care Center to arrange emergency transportation via police vehicle, public safety, ambulance, or emergency technician vehicle

By asking the staff of the ICC Child Care Center to administer these items to my child, I hereby relieve them of any liability involved with the administration of the item indicated.

\_\_\_\_\_ Parent Signature \_\_\_\_\_ Date